APPEAL AND GRIEVANCE PROCEDURES

Avesis Vision Benefit Coverage Appeals and Member Grievance Processes are described in The Avesis Quality Assurance Manual and explain the type of claims or requests for service covered by the Appeals Process and the different levels of the Appeals Process.

The Appeals Process applies to denials of requests for services not yet provided or denials of claims for services already provided as well as, overall benefit plan satisfaction. In the event you wish to appeal Avesis initial decision, you have the right to have your claim or inquiry reviewed under three different levels of appeals that Avesis must offer you under either federal law or Arizona state law. You have up to two years to request an appeal of any denial subject to the Appeals Process. There are two types of appeals, each with three levels: (1) expedited appeals for urgent matters, and (2) standard appeals. For an expedited Level 1 appeal, Avesis must notify you of its decision as soon as possible in accordance with medical exigencies, but no later than one business day (Within 72 hours in the event of a 3-4 day holiday weekend) after it receives your appeal request. For a standard Level 1 appeal, Avesis will notify you of its decision within 30 days after the receipt date. Contact Avesis for timeframes applicable to Levels 2 and 3 of the Appeals Process

For issues not subject to the Appeals Process, you may <u>always</u> request review or reconsideration of a payment or decision with which you disagree through the Grievance Process, as outlined in the Avesis Quality Assurance Manual. You have up to one year to request review of the denial or other notification subject to the Grievance Process. You will be notified of Avesis's decision within thirty (30) days of receipt for preservice issues and within sixty (60) days of receipt for post-service issues. Contact Avesis for timeframes applicable to Level 2 of the Grievance Process.

Only Level 1 of the Appeals and Grievance Processes is required under federal law before bringing a lawsuit if your coverage is provided by a plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). These appeal and grievance rights are in addition to your right to challenge Avesis's decision in court, including, but not limited to bringing legal action under Section 502(a) of ERISA if your coverage is provided through a plan subject to ERISA. You and your ERISA plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency.

Please Note: Unless otherwise notified, the Appeals and Grievance Processes apply to all Avesis subscribers and their treating providers. The Appeals Process does not apply to enrollees in the Federal Employee Program, which has their own appeals procedure. This process also does not apply to a self-insured plan that has not adopted this procedure.

INITIAL ADVERSE BENEFIT DETERMINATION LETTER

Date

Name
Address

Dear _____:

Avesis Incorporated (Avesis) has received your request for _____. We regret to inform you that your request for _____ is denied because **[Specific reason or reasons for the adverse determination]**.
Our decision is based on the following **[Specific plan provisions on which the determination is based, including any missing information or material that should be submitted with a request for a reconsideration and the reason why such information is necessary]**

[Avesis relied upon an internal rule, guideline, protocol or other criteria in making this decision. *{If determination based on medical necessity, experimental or other similar exclusion, please insert an explanation of the scientific or clinical judgment for the determination here}* If you would like a copy of this document free of charge, please contact the Customer Service Department listed in your benefit plan booklet:

INSERT REMAINDER OF LETTER TEXT